



**Kimberley Primary & Nursery School**  
Swingate, Kimberley, Nottingham.  
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Head Teacher: Mrs Rebecca Clarke



## Data Collection

Dear Parents and Carers,

At the start of this academic year we begin to think about all the different opportunities to learn that will be provided for your children this year. In order to ensure that your child's welfare is of uppermost importance we would like you to **complete the following declarations** which will be valid for one academic year. In all cases we will follow correct procedure and guidelines. **Please can you also complete the Emergency Contact Details on the reverse of this form and return to school.**

CHILD'S NAME: \_\_\_\_\_

I give / I do not give (please delete as appropriate) permission for my child to leave the school grounds, fully supervised by members of the teaching staff and other designated adults, for reasons such as going on local community walks, playing sport on the North Street field and visiting local places.

I give permission / I do not give permission (please delete as appropriate) for my child to taste a variety of different foods during lessons such as RE, DT and Science.

I give permission / I do not give permission for my child (please delete as appropriate) to use face paints as part of costume days, productions etc. (If your child has any food allergies, please specify below.)

I give permission / I do not give permission for my child (please delete as appropriate) to be included in any school photograph/video footage/press release for educational or P.R. purposes.

I give permission / I do not give permission for my child to be transported by a member of staff or nominated parent to various offsite events that have been organised by school. Prior notification will be given to you of these events.

I give permission/I do not give permission for my child's picture to appear on the school website. (I understand my child will not be identified.)

I give permission/I do not give permission for my child to wear goggles during school swimming lessons and the schools gala.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

FOOD ALLERGIES:  
PTO

**EMERGENCY CONTACT DETAILS**  
**Please return to school as soon as possible**

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

**PARENT/CARER INFORMATION**

Name of Parent 1/Carer who lives with child \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Parent 2 \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different to above address)

\_\_\_\_\_

\_\_\_\_\_

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**CONTACT (3) if unable to contact parents**

Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Relationship to Child:(Grandparent, Childminder, Contact Person) :

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**CONTACT (4) if unable to contact parents**

Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

\_\_\_\_\_

Relationship to Child:(Grandparent, Childminder, Contact Person):

PTO